

EXHIBIT E

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AMT of Policy at Time of Loss	SWORN STATEMENT IN PROOF OF LOSS		Our File No. <u>JDG42679</u> <u>H 147000625-0</u>
Date Issued			Policy Number
Date Expires			AGENCY AT
TO THE <u>Met Life Insurance</u> OF <u>Michigan</u>			
At the time of loss, by the above indicated policy of insurance, you insured			
<u>Beatrice D. Kelly</u> <u>Lucas Springer Eastpointe MI 48021</u>			
against loss by <u>Fire</u> upon the property described under Schedule "A", according to the terms and conditions of the said policy and all forms, endorsements, transfers and assignments attached thereto.			
1. Time and Origin : A <u>Fire</u> loss occurred about _____, on <u>12/3/2016</u>			
The cause and origin of the said loss were : <u>Fire</u>			
2. Occupant : The building described, or containing the property described, was occupied at the time of the loss as follows. and for no other purpose whatever : <u>Residential Occupancy</u>			
3. Title and Interest : At the time of the loss the interest of your insured in the property described therein was : <u>Homeowner</u> No other person or persons had any other interest therein or incumbrance thereon, except : <u>Ocwen Home Loans</u>			
4. Changes: Since the said policy was issued, there has been no assignment thereof, or change of interest, use, occupancy possession, location or exposure of the property described, except : <u>None</u>			
5. Total Insurance : The total amount of insurance upon the property described by this policy was, at the time of the loss, _____ as more particularly specified in the apportionment attached under schedule "C", besides which there was no policy or other contract of insurance, written or oral, valid or invalid.			
<u>Loss Rents * OPEN*</u>			
6. The Actual Cash Value of said property at the time of the loss was <u>124,904.99</u>			
7. The Whole Loss and Damage was <u>66,1371.54</u>			
8. Less Deductible and / or Participation by the Insured <u>1,000.00</u>			
9. The Amount Claimed under the above numbered policy is <u>125,904.99</u>			
<p>The said loss did not originate by any act, design or procurement on the part of your insured, or this affiant; nothing has been done by or with the privity or consent of your insured or this affiant, to violate the conditions of the policy, or render it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss; no property saved has in any manner been concealed, and no attempt to deceive the said company, as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof. The amounts herein are contingent upon the information available to the insured and may change upon discovery of new and/or previously undiscovered damages and/or new information.</p> <p>The furnishing of this blank or the preparation of proofs by a representative of the above insurance company is not a waiver of any of its rights.</p>			
State of <u>Ohio</u>		<u>Beatrice Kelly</u>	
County of <u>Cleveland</u>		<u>BEATRICE KELLY</u>	
Subscribed and sworn to before me this <u>9th</u> day of <u>February</u> , 2017		Insured	
Adjuster <u>KATHRYN ANNAH HOLDER</u> Notary Public, State of Ohio My Commission Expires June 7, 2021		Notary Public / Adjuster <u>KATHRYN ANNAH HOLDER</u>	

